CCL.034 Rev. 9/2003

## **Kansas Department of Health and Environment**

Bureau of Child Care and Health Facilities 1000 SW Jackson, Suite 200 Topeka, KS 66612 -1274 Phone 785-296-1270 Fax 785-296-0803



Website: www.kdhe.state.ks.us/kidsnet/

## PARENTAL PERMISSION FORM FOR OFF-PREMISE TRIPS

Name of the facility exactly as stated on the license or certificate						License/Certificate #			
Street Address of the Facility		City		Zip Code + 4 County		County			
First and Last Name of Child or Youth	may	go to the following	g locations	off the pre	mises	s <b>with</b> adulf	t supervision:		
Place	Street Address	<b>.</b>	City		Ву\	/ehicle	Walk		
Signature of Parent or Guardian						Date Signed			
Place	Street Address		City		By Vehicle		Walk		
Signature of Parent or Guardian						Date Signed			
Place	Street Address	<b>3</b>	City		Ву \	/ehicle	Walk		
Signature of Parent or Guardian					Date	Signed			
Place	Street Address	<b>;</b>	City		Ву \	/ehicle	Walk		
Signature of Parent or Guardian						Date Signed			
Place	Street Address		City		By Vehicle		Walk		
Signature of Parent or Guardian					Date	Signed			
Place	Street Address	3	City		Ву \	/ehicle	Walk		
Signature of Parent or Guardian				_	Date	Signed			

Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
FOR SCHOOL AGE CHILDREN OR YO	UTH ONLY:			-				
I hereby authorize my <b>school age child</b> First and Last Name of Child or Youth  Birth Date MM/DD/YYYY								
to walk to and from the following loca		r Youth	Birth Date N	IM/DD/YYYY				
to walk to and from the following loca	· · ·							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian	Date Signed							
Place	Street Address	City	By Vehicle	Walk				
Signature of Parent or Guardian			Date Signed					